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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF CONJECCE
Under the Papenwork Reduction Act of 1995; no persons are required to respond to a collection of information unless it displays a valid OMB control number. وأسور ريو Complete if Known **FEE TRANSMITTAL** Application Number 10/084,777 Filing Date February 27, 2002 **FOR FY 2005** First Named Inventor Jan Alan Eglen Effective 12/08/2004. Fees pursuant to the Consolidated Appropriations Act (H.R. 4818). Group Art Unit 3829 Examiner Name Freda Ann Nelson Applicant claims small entity status. See 37 CFR 1.27 Attorney Docket Number 26054-5 **Total Amount of Payment** (8) 200.00 METHOD OF PAYMENT (check all that apply) ☐ Check ☑ Credit card ☐ Money ☐ Other ☐ None ☐ Other (please identify): Deposit Account Name Deposit Account: Woodard, Emhardt, Moriarty, Deposit Account Numb 23-3030 McNett & Henry LLP The Director is authorized to: (check all that apply) Charge fee(s) indicated below 🔞 Credit any overpayments 📓 Charge any additional fee(s) during the pendency of this application, excluding the payment of issue ☐ Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. FEE CALCULATION: 1. BASIC FILING, SEARCH AND EXAMINATION FEES **SEARCH FEES EXAMINATION FEES FILING FEES** Fee (\$) **Small Entity** Fee (\$) Small Entity Fee (\$) **Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 100 250 150 500 200 Utild 50 65 100 130 200 100 Des 80 100 300 150 160 **Plant** 200 300 150 250 600 500 Reissue 300 O 0 100 0 0 **Provisional** 200 2. EXCESS CLAIM FEES Fee (\$) Small Entity Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 100 200 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 180 Multiple dependent claims 360 Multiple Dependent Claims **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) 125 -125 or HP = 0 x 25.00 = (HP = highest number of total claims paid for, if greater than 20) 0.00 Fee Paid (\$) Fee (\$) Indep. Claims Extra Claims F99 (\$) Fee Pald (\$) = 200.00 x 200.00 (HP = highest number of independent claims paid for, if greater than 3) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets (round up to a whole number) x -100 = 200711ER FEE(S) 000011 \$233030 (no 1984 7777 discount) Fee Paid (\$) 03/03 200.00 DA SUBMITTED BY: oistration No.: 45.082 Telephone: (317) 634-3456 Name (Print/Type): Charles P. Schmal Signature Date: December 27, 2004 CERTIFICATE OF MAILING OR TRANSMISSION hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EV466866644 US

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